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<b>SERIAL NUMBER</b> 09/728,423	<b>FILING OR 371(c) DATE</b> 12/01/2000 <b>RULE</b>	<b>CLASS</b> 530	<b>GROUP ART UNIT</b> 1648	<b>ATTORNEY DOCKET NO.</b> 1618.003
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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/168,234 12/01/1999 and claims benefit of 60/185,055 02/25/2000

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 08/23/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 4	TOTAL CLAIMS 27	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>				

**ADDRESS**

27476

**TITLE**

Eliciting HCV-specific antibodies

<b>FILING FEE RECEIVED</b> 1246	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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